



LA DEPT OF WILDLIFE AND FISHERIES
ALLIGATOR SPORT/HELPER
LICENSE APPLICATION FORM



SSN: _____ ZONE: _____
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
BIRTHDATE: _____ DRIVER'S LICENSE #: _____ STATE: _____
RACE: _____ SEX: _____ COLOR HAIR: _____ COLOR EYES: _____
HEIGHT: _____ ft _____ in WEIGHT: _____ *HUNTER SAFETY #: _____

* Persons born on or after September 1, 1969 must have successfully completed an approved hunter education course **OR** be under the direct supervision of a person: 1) who was born before September 1, 1969 and who has a valid hunting license **or** 2) who is at least 18 years old and has successfully completed an approved hunter education course.

HUNTER/GUIDE'S NAME

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

HUNTER/GUIDE'S SSN

*** DO NOT WRITE ***
IN THIS BOX

HUNTER/GUIDE'S
ALLIGATOR LICENSE #

SIGNATURE OF APPLICANT

DATE

APPLICANT'S E-MAIL ADDRESS

*****DO NOT WRITE BELOW THIS LINE*****

LICENSE # ISSUED TO THIS APPLICANT _____

NON-RESIDENT _____ \$150
RESIDENT _____ \$25